DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 02/24/2006

Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: LIGHTHOUSE III (690081)

Address: 1115 EAST FILLMORE STREET, MARSHFIELD, WI 54449

License Status: REGULAR

Licensed/Certified/Registered 08/01/1997

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

	Survey History				
Survey ID: 0095632	End Date: 09/01/2005	Type: ABBREVIATED	Purpose: SURVEY		
Results: NO STATEM	ENT OF DEFICIENCY ISSU	ED			
Survey ID: 0094425	End Date: 04/01/2005	Type: OTHER Purp	ose: DESK REVIEW		

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009390 Served 04/02/2005

Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected	
50.065(6)(b)	CREDENTIALED CAREGIVERS	04/25/2005	Yes	

Survey ID: 0091281 End Date: 09/03/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005240 Served 10/18/2003

		Compliance	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
88.05(3)(b)	FREE OF HAZARDS	09/01/2005	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	09/01/2005	Yes

Compliance

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 04/01/2005 SOD #10009390 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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